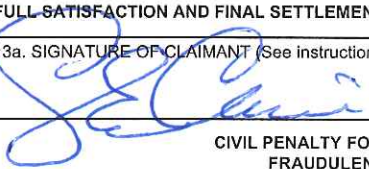


CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Department of the Interior National Park Service 1849 C. Street, N.W. Washington DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. United Services Automobile Association [See Attached Exhibit "A" for Additional Carrier/Company names] c/o Law Offices of Shawn E. Caine, Shawn E. Caine 1221 Camino Del Mar, Del Mar, CA 92014		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23-29/2016	
7. TIME (A.M. OR P.M.) 					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Claimants' damages are the direct and proximate result of the negligent acts or omissions by the U.S.A, the U.S. Dept of the Interior and the National Park Service in connection with the Chimney Tops II Fire that started on November 23, 2016 in the Great Smoky Mountains National Park (GSMNP). [Continued in Attachment B, next page]					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See "C" attached list of claims paid to Claimant's insureds as a result of damage to real and personal property, and evacuation.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached list of claims and addresses attached as "C".					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Claims include damage caused by evacuation, fire and smoke the property of Claimant's insureds, including damage to real and personal property, added living expenses, business property, and loss of income (including business and residential rental income).					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Greg Salansky, Fire Mgmt. Officer Greg Miller (Chief Miller)		Employee, Dept. of Interior, National Park Service (address unknown) Gatlinburg Fire Department Chief (address unknown)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
14,378,018				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 14,378,018	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM 619-838-1365	
14. DATE OF SIGNATURE 11/20/2018					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

Claimant is an insurance carrier seeking recovery in subrogation for damages paid to its insureds.

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

ATTACHMENT "A" TO FORM 95 CLAIM FORM:

Continued response to Question 2: Name and Address of Claimant:

List of USAA insurance carriers include, but are not limited to:

United Services Automobile Association;
USAA Casualty Insurance Company;
USAA General Indemnity Company;
Garrison Property and Casualty Company.

ATTACHMENT "B" TO FORM 95 CLAIM FORM:

Continued response to Question 8: Basis of Claim:

Claimants allege that USA, the Department of the Interior and the National Park Service, by and through its employees and agents, failed to monitor the fire, and failed to initiate any direct-attack to suppress the fire despite predicted high winds. When high winds arose as predicted on 11/28/16, the fire escaped the Park and rapidly grew in size and strength, causing extensive damage to Claimants' insureds in nearby cities. Plaintiffs seek remedies for substantial property damages suffered by insureds and paid by Claimants under policies of insurance resulting from the negligent acts and/or omissions of employees or agents of the National Park Service and/or Department of the Interior – while acting within the course and scope of their employment or agency – in direct violation of mandated requirements and/or policies and in wanton neglect and disregard of public safety, including:

- the failure to monitor The Chimney Tops 2 Fire in the Great Smokey Mountain National Park;
- failure to adhere to mandatory command-structure requirements;
- failure to adhere to mandatory fire management policies and requirements;
- neglecting to perform requisite complexity analyses;
- negligently implementing a 410-acre containment box;
- negligently failing to adopt contingency plans in case The Chimney Tops 2 Fire escaped the containment box or the GSMNP;
- negligently disregarding fire-behavior modeling;
- negligently failing to utilize available air operations to suppress The Chimney Tops 2 Fire;
- negligently failing to implement a universal communications system to permit inter-agency communications, thus preventing many responders from effectively communicating with one another;
- negligently failing to utilize the Wildland Fire Decision Support System ("WFDSS"), which would have prompted (1) periodic assessments of the ongoing effectiveness and (2) re-evaluation of suppression-strategies; and

- negligently failing to provide timely and accurate notice and warning to Park neighbors, local government officials, local fire departments, local residents and visitors about the status of and imminent danger presented by The Chimney Top 2 Fire.

ATTACHMENT "C" TO FORM 95 CLAIM FORM:

Continued response to Question 10: List of Claims

See attached List of Claims.

USAA Carriers List of Claims
Chimney Tops II Fire TN

Carrier	Claim Number	Loss Location Street	Loss Location City	Loss Location State	Loss Location Zip	Paid & Reserves Total
USAA	16773700	818 WESLEY DR	GATLINBURG	TN	37738	\$ -
USAA	28793952	882 CHESTNUT DR	GATLINBURG	TN	37738	\$ 229,866.78
USAA	4911626	370 VIC KING WAY	SEVIERVILLE	TN	37876	\$ 555,367.50
USAA	15035453	322 OAKWOOD DR	SEVIERVILLE	TN	37876	\$ 12,507.12
USAA	539870	514 CAMPBELL LEAD RD	GATLINBURG	TN	37738	\$ 615,067.38
USAA	13372150	229 EDENS WAY	SEVIERVILLE	TN	37876	\$ 228.95
USAA	38518964	746 ELLIS OGLE RD	GATLINBURG	TN	37738	\$ 197.55
USAA	1858170	667 WOODLAND DR	GATLINBURG	TN	37738	\$ 3,940.39
USAA	1509143	660 ALTA VISTA DR	GATLINBURG	TN	37738	\$ 362,061.07
USAA	5104392	730 ELLIS OGLE RD	GATLINBURG	TN	37738	\$ 283,125.00
USAA	4149113	834 LECONTE DR	GATLINBURG	TN	37738	\$ 483,012.50
USAA	2693587	509 PINECREST DR	GATLINBURG	TN	37738	\$ 481,811.78
USAA	35129342	921 PINEY BUTT WAY	GATLINBURG	TN	37738	\$ 2,500.00
USAA	4509257	315 N MOUNTAIN TRL	GATLINBURG	TN	37738	\$ 438,487.50
USAA	17171081	413 HAYNES LN	GATLINBURG	TN	37738	\$ 34,218.58
USAA	1056371	858 HOLSTON DR	GATLINBURG	TN	37738	\$ 21,952.32
USAA	24209893	968 COTTAGE GARDENS WAY	GATLINBURG	TN	37738	\$ 1,453.43
USAA	2482715	330 LONG HOLLOW RD	SEVIERVILLE	TN	37876	\$ 320,114.41
USAA	1318358	819 N WOODLAND DR	GATLINBURG	TN	37738	\$ 389,205.00
USAA	21149154	1704 HIDDEN HILLS RD APT 401	GATLINBURG	TN	37738	\$ 1,750.00
USAA	14819673	805 PINEY BUTT LOOP	GATLINBURG	TN	37738	\$ 46,222.03
USAA	2860579	768 VILLAGE LOOP RD	GATLINBURG	TN	37738	\$ 502,314.69
USAA	32214714	820 RIDGE RD	GATLINBURG	TN	37738	\$ 16,472.18
USAA	335583	507 CAMPBELL LEAD RD	GATLINBURG	TN	37738	\$ 2,847,510.13
USAA	1417887	316 LEWIS CLABO RD	GATLINBURG	TN	37738	\$ 25,419.47
USAA	35262630	1157 KINGS RIDGE RD E	GATLINBURG	TN	37738	\$ 250.00
USAA	28424501	1081 SKI VIEW DR	GATLINBURG	TN	37738	\$ 386,534.26
USAA	777229	619 JESS FIELD RD	GATLINBURG	TN	37738	\$ 125,402.76
USAA	9172447	1110 LOWER ALPINE WAY	GATLINBURG	TN	37738	\$ 1,857.90
USAA	6152026	309 SMOKY VIEW RD	GATLINBURG	TN	37738	\$ 655,636.80
USAA	4309735	839 CHESTNUT DR	GATLINBURG	TN	37738	\$ 250,390.60
USAA	1620173	221 CHURCH ST	GATLINBURG	TN	37738	\$ 869,909.47
USAA	1555118	260 ROARING FORK RD APT 110	GATLINBURG	TN	37738	\$ -
USAA	452806	264 BEECH BRANCH RD	GATLINBURG	TN	37738	\$ 23,474.07
USAA	8549152	1034 OLD CARTERTOWN RD	GATLINBURG	TN	37738	\$ 302,400.00
USAA	13269802	403 BASKINS CREEK RD	GATLINBURG	TN	37738	\$ 13,765.75
USAA	6528411	1332 GARRETT DR	GATLINBURG	TN	37738	\$ 236,616.82
USAA	5043246	866 VILLAGE LOOP RD	GATLINBURG	TN	37738	\$ 435,000.00
USAA	15716272	412 LONG HOLLOW RD	SEVIERVILLE	TN	37876	\$ 579,046.39
USAA	1533201	728 OLD RIDGE RD	GATLINBURG	TN	37738	\$ 300,696.35
USAA	3426862	810 LEISURE LN	GATLINBURG	TN	37738	\$ 400,364.50
USAA	10424231	919 WOOD SMOKE WAY	GATLINBURG	TN	37738	\$ -
USAA	4539162	863 WESLEY DR	GATLINBURG	TN	37738	\$ 443,516.96
USAA	1655310	311 BROWNS RIDGE RD	GATLINBURG	TN	37738	\$ 377,567.85
USAA	33107220	1209 EDELWEISS DR	GATLINBURG	TN	37738	\$ 1,173.75
USAA	2293987	373 WILEY OAKLEY DR	GATLINBURG	TN	37738	\$ 247,550.00
USAA	5133989	450 LAKESHORE DR	SEVIERVILLE	TN	37876	\$ 1,436.59
USAA	7897116	380 LOOP RD	GATLINBURG	TN	37738	\$ 121,705.00
USAA	2712635	1051 WILEY OAKLEY DR	GATLINBURG	TN	37738	\$ 8,180.84
USAA	12159842	4424 ASHLI ERIN WAY	GATLINBURG	TN	37738	\$ 1,145.10
USAA	11632939	667 WOODLAND DR	GATLINBURG	TN	37738	\$ 10,000.00
USAA	1408555	1018 GILES WAY	GATLINBURG	TN	37738	\$ 1,376.05
USAA	37978394	908 DEEP HOLLOW RD	GATLINBURG	TN	37738	\$ 451,972.52
USAA	12945436	433 COTTAGE DR	GATLINBURG	TN	37738	\$ 2,500.00
USAA	18797037	1130 AND 1134 HEMLOCK DR	GATLINBURG	TN	37738	\$ 453,742.50
Total						\$ 14,378,018.59